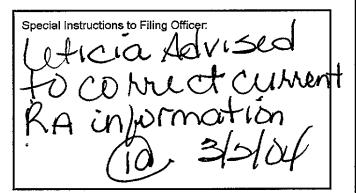
N0000006412

	(Requestor's Name)
	,
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status



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SEURETARY UP STATE
ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

10:			100 m
	Division of Corporations		
			100
SUBJ			
	(Name of co	orporation)	77
DOC	O: Amendment Section Division of Corporations UBJECT: Learning Excellence Foundation of East Broward County, Inc. (Name of corporation) OCUMENT NUMBER: N00000006412 the enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. lease return all correspondence concerning this matter to the following: Leticia Lamarque (Name of person) Chancellor Beacon Academies, Inc. (Name of firm/company) 3250 Mary Street, Suite 202 (Address) Coconut Grove, FL 33133 (City/state and zip code) or further information concerning this matter, please call: esticia Lamarque (Name of person) at (305) 648-5929 (Area code & daytime telephone number) nclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32399		
		ent and fee are submitted for filing.	
		•	
	the matter of the second secon	to lond wing.	
	Leticia Lamarque		
	(Name of	person)	
	Chancellor Beacon Academies, Inc.		
	(Name of firm	/company)	
;	3250 Mary Street, Suite 202		
_		ess)	
	Coconut Grove, FL 33133		
		zip code)	
For fu	Further information concerning this matter, please call:		
	G ,,		
Leti	icía Lamarque	648-5929	
	-	(Area code & daytime telepho	one number)
Enclo	osed is a \$35.00 check made payable to the Department	t of State.	
	Mailing Address:	Street Address:	
		Amendment Section	
	P.O. Box 6327	409 E. Gaines Street	
	Tallahassee, FL 32314	Tallahassee, FL 32399	

CR2E045(09/03)



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 20, 2004

LETICIA LAMARQUE CHANCELLOR BEACON ACADEMIES, INC. 3250 MARY STREET - SUITE 202 COCONUT GROVE, FL 33133

SUBJECT: LEARNING EXCELLENCE FOUNDATION OF EAST BROWARD

COUNTY, INC.

Ref. Number: N00000006412

We have received your document for LEARNING EXCELLENCE FOUNDATION OF EAST BROWARD COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please verify if the new agent is JULIE F. KLAHR or GOREN CHEROF, DOODY, & EZROL, P.A.

Both can not be listed as new registered agent as it appears on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 304A00011672

Irene Albritton Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

*	•	
-	rovisions of sections 607.0502, 617.0502, 607. $\dot{1}$ 508, or 617.1508, Florida Statutes, this ed for a corporation organized under the laws of the State of Florida	statement of in order
o change its regis	stered office or registered agent, or both, in the State of Florida.	
1. The name of the	e corporation: Learning Excellence Foundation of East Broward Coun	ty, Inc.
2. The principal of	ffice address: c/o Julie F. Klahr - Goren, Cherof, Doody & Ezrol, 1	P.A
3099 East (Commerical Boulevard, Suite 200, Ft. Lauderdale, FL 33308	
	dress (if different): c/o Julie F. Klahr - Goren, Cherof, Doody & Exro	1, P.A.
3099 East 0	Commercial Boulevard, Suite 200, Ft. Lauderdale, FL 33308	
4. Date of incorpor	pration/qualification: 9/26/00 Document number: N00000006412	
Florida Departn	STG-ES Registered Agent Con	STANGEN OF THE PROPERTY OF THE
	100 Southeast 2nd Street, Suite 2800	40
<u> </u>	Miami, Florida 33131	经了
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office	P
_	c/o Julie F. Klahr,	
3	3099 East Commercial Boulevard, Suite 200	
_	(P.O. Box or personal mailbox NOT acceptable)	
<u> </u>	Ft. Lauderdale, FL 33308	
The street address changed will be id	s of its registered office and the street address of the business office of its registered dentical.	agent, as
Such change was the board, or the c	authorized by resolution duly adopted by its board of directors or by an officer so a corporation has been notified in writing of the change.	uthorized by
- uginia	m. Braddock, Chair Virgin a M. Braddock (Printed or typed name and title)	, Chavi
I hereby accept th I further agree to duties, and I am f being filed merely been notified in w	he appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performiliar with and accept the obligation of my position as registered agent. Or, if this y to reflect a change in the registered office address, I hereby confirm that the corporating of this change.	rmance of my is document is pration has
By U	Signature of Registered Agent) Q -13-04 (Date)	
If signing on beha	alf of an entity:	
((Typed or Printed Name) (Capacity)	